

PETITION TO MAKE SPECIAL UNDER 37 CFR 1.102(c) no fee is required for such a petition.

Application Number 10/644,111 Filed August 20, 2003

For CORDLESS STETHOSCOPE FOR HAZARDOUS MATERIAL ENVIRONMENTS

Art Line \_\_\_\_\_ Examiner \_\_\_\_\_

This a request to have an application to be made special under the provisions of 37 CFR 1.102 that such evidence be provided showing the state of health of the applicant is such that he or st might not be available to assist in the prosecution of the application if it were to run its normal course, such as a doctor's certificate or other medical certificate.

I am the ☒ applicant/inventor

☒ Documentation is attached.

Keith Sauerland

Signature

December 15, 2004

Date

MBawani

Physicians signature

12/16/04

Date

OIP = JC103  
JAN 05 2005  
PATENT & TRADE MARK

CONDELL MEDICAL CENTER  
RADIOLOGY DEPARTMENT

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RADIOLOGY NUMBER: 465239  
PATIENT NAME: SAUERLAND, KEITH A  
ATTENDING DR: BAWANI, MOHAMMAD  
ORDERING DR: BAWANI, MOHAMMAD

EXAM DATE: 6/04/04  
TRANSCRIBE DATE: 6/06/04  
DICTATION DATE: 6/05/04  
ACCT. NUMBER: 1699931  
ORDER NUMBER: 2063298

EXAM DESCRIPTION: MRA HEAD WO

MRA INTRA - IMPRESSION: SMALL FOCAL OUTPOUCHING OF THE RIGHT DISTAL ICA AT THE POSTERIOR COMMUNICATING ARTERY ORIGIN SUGGESTING AN ANEURYSM OR INFUNDIBULUM. FOLLOW UP WITH ROUTINE ANGIOGRAPHY MAY BE USEFUL. NO OTHER ABNORMALITY IS IDENTIFIED.

HISTORY: Posterior occipital headaches.

PROCEDURE: Contiguous axial 3-D time-of-flight images of the circle of Willis are obtained.

FINDINGS: There is appropriate flow signal within the intracranial internal carotid arteries bilaterally. There is also appropriate flow in the proximal middle cerebral, anterior cerebral, posterior cerebral, visualized distal vertebral and basilar arteries. No areas of segmental occlusion are noted.

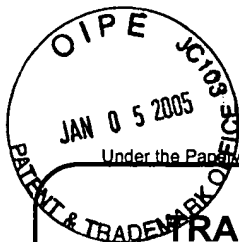
~~There is a small infundibulum or aneurysm arising from the right distal ICA at the posterior communicating artery origin. This measures 3.5 mm in greatest dimension. Follow up with routine angiography may be useful. No other focal region of dilatation is visualized.~~

RTG/sq

Patient Name: SAUERLAND, KEITH A  
MR Number: 465239  
Room Number: W2/ 221/ 2  
DOB: 6/08/43  
Date: 6/04/04  
Physician: BAWANI, MOHAMMAD

ELECTRONICALLY SIGNED BY  
GROSSETT M.D., ROBERT

X-RAY 1



15W 3762

PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/644,111	
	Filing Date	August 20, 2003	
	First Named Inventor	KEITH SAUERLAND	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	3	Attorney Docket Number	030 93

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. RADIOLOGY Department Report of EXAM procedure
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. inventor and physician Signature form.
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

PETITION to MAKE SPECIAL  
By reason of HEALTH.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name			
Signature	<i>Keith Sauerland</i>		
Printed name	KEITH SAUERLAND		
Date	December 23, 2004	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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